

PTO/SB/01 (04-05)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**COMBINED DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63); AND  
POWER OF ATTORNEY**
 Declaration  
Submitted  
With Initial  
Filing

OR

 Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e))  
required)

Attorney Docket Number	37389-405200
First Named Inventor	BOYLE, Adrian
<b>COMPLETE IF KNOWN</b>	
Application Number	10/561,883
Filing Date	December 23, 2005
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIE BONDING

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign or U.S. Provisional Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
			YES	NO
GB	0315623.9	3 JULY 2003	X	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

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**DECLARATION – Utility or Design Patent Application  
and Power of Attorney**

I hereby appoint:

 Practitioners associated with the Customer Number:

27-717

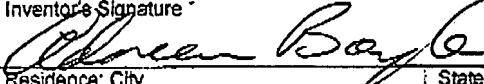
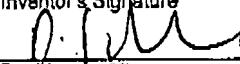
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

 The address associated with Customer Number:

27-717

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

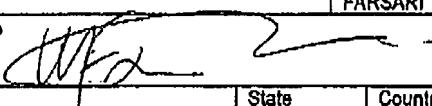
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) ADRIAN		Family Name or Surname BOYLE	
Inventor's Signature 			Date 22/3/07
Residence: City RATHANGAN	State COUNTY KILDARE	Country IRELAND	Citizenship IRISH
Mailing Address BONAGHMORE			
City RATHANGAN	State COUNTY KILDARE	Zip	Country IRELAND
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) DAVID		Family Name or Surname GILLEN	
Inventor's Signature 			Date 22/3/07
Residence: City CLONTARF	State DUBLIN	Country IRELAND	Citizenship BRITISH
Mailing Address 46 VERNON HEATH			
City CLONTARF	State DUBLIN	Zip 3	Country IRELAND
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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<b>DECLARATION AND POWER OF ATTORNEY</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
Page 1 of 1	

<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))  MARIA		Family Name or Surname  FARSARI	
Inventor's Signature 		Date 02/08/2007	
Residence: City  HERAKLION	State  CRETE	Country  GREECE	Citizenship  GREEK
Mailing Address  2 <sup>ND</sup> PARODOS NIK, SPATHARIOU 5,			
City  HERAKLION	State  CRETE	Zip  71307	Country  GREECE
<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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